

# Health and Family Planning Overview

## SOMALIA



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Population:	7.8 million (2002, BUCEN 2002)
Infant Mortality Rate:	133 (UNICEF 2000)
DPT3 Coverage:	32.6%, children 12–23 mos. (WHO 2000)
Nutrition:	23.3% stunting, children 0–59 mos. (Preliminary MICS 1999)
Total Fertility Rate:	7.3 (UNPOP 2000)
Maternal Mortality Ratio:	1,582 (WHO/Hill 1995)
Contraceptive Prevalence Rate:	No data
Adult HIV Prevalence:	1.0% (UNAIDS 2001)
Current Living AIDS Orphans:	No data
Demographic and Health Surveys:	None
Multi-Indicator Cluster Surveys:	1999 Preliminary

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### Country Profile

One of the world's poorest and least developed countries, Somalia has few resources and an economy devastated by civil war. Since the end of United Nations humanitarian operations in Somalia in 1995, various Somali factions have sought to control the country and claim executive power in a new government based in Mogadishu. They have met little success, however. The airport remains closed, food security is precarious, and conflict prevails. This contrasts with the self-declared republics of Somaliland and Puntland in the north, where public safety and social services have been strengthened, and ports and airports successfully operate. In 1997, the Organization of African Unity and the Inter-Governmental Agency on Development gave Ethiopia the mandate to pursue Somali reconciliation. A Transitional National Government (TNG) was created in October 2000 to carry out a three-year mandate to create a permanent national Somali government. The TNG does not recognize Somaliland or Puntland as independent republics but so far has been unable to reunite them with the unstable regions in the south.

**HIV/AIDS in Somalia.** There is little information regarding the HIV situation in Somalia. Before 1990, there seem to have been epidemics among STD clinic patients and sex workers. Two studies on HIV seroprevalence were conducted in antenatal clinics in Hargeysa and Bosaso in 1997 and in Somaliland in 1999. HIV prevalence among pregnant women ranged from 0.4 to 2 percent. This low adult HIV prevalence suggests that prevention activities are a priority. Cross-border and regional prevention activities are not yet being addressed but will be critical to Somalia's success in addressing HIV/AIDS.

### USAID Strategy

Reconciliation, rehabilitation, and a transition from emergency relief to sustainable development are fostered through USAID's Regional Economic Development Services Office for East and Southern Africa (REDSO) and the Greater Horn of Africa Initiative (GHAI). Even though the erosion of systems and coping mechanisms will require emergency assistance for some time, the underlying theme of promoting relief to development is interwoven into management and coordination of aid programs. A revised Integrated Strategic Plan guides USAID assistance for the years 2001–2003. Two new objectives emphasizing transition will promote the expansion of democratic process and economic opportunity. A special objective to support the TNG will be carried out only after the TNG establishes security and demonstrates its credibility in governance. Health activities will continue to focus on increasing the availability of health care services, expanding minimum basic care services to new areas, and improving the quality of services at existing health facilities.

**Strategic Objective:** Critical needs met for targeted vulnerable groups

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## Intermediate Results:

- Improved quality and availability of health care services
- Increased access to safe water and sanitation
- Effective targeting and delivery of food aid to vulnerable groups
- Improved capacity for disaster preparedness and response

## Major Program Areas

**Health and Water Sectors.** USAID has a leading role in the coordination activities of the Somalia Aid Coordination Body and works closely with other donors and international agencies to create common policies and principles of operation. Relief programs continue to stress the transition from relief to development. They emphasize local involvement and local capacity building and encourage rehabilitation to foster food production, resettlement, and health and food security for displaced and vulnerable populations. USAID also promotes partnerships between local authorities and local nongovernmental organizations to enhance the capacity of the community to plan, finance, implement, and manage social services, including health centers and water and sanitation infrastructure. USAID also supports health posts to provide vaccinations, vitamin A supplements, neonatal and perinatal examinations for mothers and children, oral rehydration therapy and education, and nutrition counseling.

## Results

- With USAID support, UNICEF procured and delivered enough drugs and medical supplies for all service providers in the primary health care sector throughout the country.
- More than 400 health facilities, including hospitals, maternal/child health centers, and health posts, were supplied with essential drugs and basic medical equipment.
- As part of the Title II program, 20,110 metric tons of food were distributed through emergency free food distribution and food-for-work activities.
- Through UNICEF, USAID provided 1,000 metric tons of nutrient-fortified foods to 32,400 malnourished children in drought-affected areas.
- More than 500,000 people gained access to clean water through rehabilitated urban water systems, rural bore-holes, and hand-dug wells.
- UNICEF made cholera supplies, including 600,000 sachets of oral rehydration salts and 200 drums of chlorine for water purification, available to all health centers treating cholera patients.

## Major Implementing Partners

USAID/Somalia's partners in implementing health activities include UNICEF, the U.N. Development Program, the U.N. Committee on Trade and Development, CARE, Adventist Development & Relief Agency, International Medical Corps, the Famine Early Warning System Network (FEWSNET), Action Contre la Faim/France, Norwegian People's Aid, and Action Africa Hilfe.



*This USAID Health and Family Planning Overview was prepared for the Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP). Questions and comments can be directed to PHNIP ([info@phnip.com](mailto:info@phnip.com)).*

July 2002